

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10-069225**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51							
2							52							
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47							97							
48							98							
49							99							
50							100							
TOTAL D.							TOTAL IND.							
TOTAL EP.							TOTAL DEP.							
TOTAL AIMS							TOTAL CLAIMS							